

**STATE OF ALASKA DECLARATION OF CANDIDACY FOR RETENTION
SUPERIOR COURT**

Please check: ___ My **\$30 filing fee** accompanies this *Declaration of Candidacy*

Please check one: My **Public Officials Financial Disclosure Statement** is (1) ___ Enclosed **OR** (2) ___ On file with the Alaska Public Offices Commission. **Note:** Candidates who select option 2 are encouraged to contact APOC to ensure they have a current *Public Officials Financial Disclosure Statement on file with APOC*.

GENERAL INFORMATION (Please print or type)

I, _____, declare that I am a candidate for retention to the office of:

SUPERIOR COURT JUDGE FOR THE _____ JUDICIAL DISTRICT OF THE STATE OF ALASKA

This is the district to which I was appointed, or if assigned or transferred, where I served the major portion of my term.

I request that my name be placed on the **November 2, 2010 General Election** ballot.

CONTACT INFORMATION

Mailing address and contact phone number for Candidate to be listed on the Division of Election's web site:

(Mailing Address)

(City)

(State)

(Zip)

(Phone Number)

I request that my name appear on the General Election ballot in the following manner:

(Last Name)

(First Name)

(MI)

(*Nickname and/or Suffix)

*The Director of Elections may not include on the ballot as part of candidate's name, any honorary or assumed title or prefix but may include in the candidate's name any nickname or familiar form of a proper name of the candidate. [AS 15.15.030(4)]

CERTIFICATION

I, the undersigned, certify that the information in this *Declaration of Candidacy* is true and complete, and that I meet the specific requirements of this office. I also acknowledge that should I choose to withdraw my candidacy, my withdrawal must be received by the Director of Elections in writing over my signature at least 48 days before the election.

Subscribed and sworn to before me this

_____ day of _____, 20_____.

(Signature of Notary Public)

(Candidate's Signature)

(Home Phone)

(Work Phone)

My commission expires: _____

To assist staff in verifying candidate/voter identification, please provide one of the following:

SSN, ADL, Voter # or DOB: _____

NOTARY SEAL